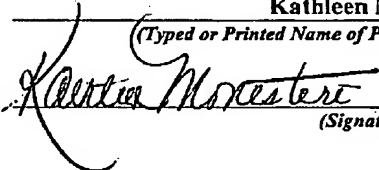
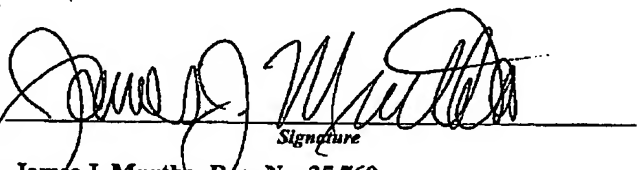


<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No. <b>P-5540</b>	
Applicant(s): <b>HARDING</b>				
Serial No. <b>10/017,024</b>	Filing Date <b>12/7/01</b>	Examiner <b>L. R. KONTOS</b>	Group Art Unit <b>3763</b>	
Invention: <b>NEEDLELESS LUER ACCESS CONNECTOR</b>				
			<b>RECEIVED</b> <b>CENTRAL FAX CENTER</b> <b>OCT 08 2003</b>	
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I hereby certify that this _____ <b>Transmittal/Response</b> _____ (Identify type of correspondence)				
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <b>703 872-9302</b> )				
on <b>October 8, 2003</b> (Date)				
<b>Kathleen Monesteri</b> (Typed or Printed Name of Person Signing Certificate)				
 (Signature)				
Note: Each paper must have its own certificate of mailing.				

<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>P-5540</b>	
Applicant(s): <b>HARDING</b>					
Serial No. <b>10/017,024</b>	Filing Date <b>12/7/01</b>	Examiner <b>L. R. KONTOS</b>		Group Art Unit <b>3763</b>	
Invention: <b>NEEDLELESS LUER ACCESS CONNECTOR</b>					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	9 -	46 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	10 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<p><input checked="" type="checkbox"/> No additional fee is required for amendment.</p> <p><input type="checkbox"/> Please charge Deposit Account No. <b>02-1666</b> in the amount of</p> <p><input type="checkbox"/> A check in the amount of to cover the filing fee is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>02-1666</b></p> <p><input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.</p> <p><input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.</p>					
 Signature <b>James J. Murtha, Reg. No. 35,769</b> <b>Becton, Dickinson and Company</b> <b>1 Becton Drive</b> <b>Franklin Lakes, New Jersey 07417-1880</b> <b>(201) 847-7160</b>			Dated: <b>October 8, 2003</b>		
CC:			I certify that this document and fee is being deposited on with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
			Signature of Person Mailing Correspondence		
			Typed or Printed Name of Person Mailing Correspondence		